

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	240128US2S	U.S. PTO 10/6/15 10:18 AM 07/09/03	
	First Inventor or Application Identifier			Daisaburo TAKASHIMA
	Title	SEMICONDUCTOR MEMORY DEVICE		
	Assignee Name: Assignee Address:			

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		ADDRESS TO:	Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)			
2. <input checked="" type="checkbox"/> Specification	Total Sheets	55	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)	Total Sheets	7	
4. <input type="checkbox"/> Oath or Declaration	Total Pages	<input type="text"/>	
a. <input type="checkbox"/> Newly executed (original or copy)			
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed)			
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small>			
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)			
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)			
a. <input type="checkbox"/> Computer Readable Form (CRF)			
b. Specification or Sequence Listing on :			
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or			
ii. <input type="checkbox"/> Paper			
c. <input type="checkbox"/> Statements verifying identity of above copies			
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:			
<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application no.:
Prior application information:		Examiner: _____ Group Art Unit: _____	
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
18. Amend the specification by inserting before the first line the sentence:			
<input type="checkbox"/> This application is a		<input type="checkbox"/> Continuation	<input type="checkbox"/> Division
of application Serial No.		Filed on	
<input type="checkbox"/> This application claims priority of provisional application Serial No.		Filed	
19. CORRESPONDENCE ADDRESS			
 22850 (703) 413-3000 FACSIMILE: (703) 413-2220			

Name:	Marvin J. Spivak	Registration No.:	24,913
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Registration Number 21,124

Docket No. 240128US2S

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Daisaburo TAKASHIMA

SERIAL NO: New Application

FILING DATE: Herewith

FOR: SEMICONDUCTOR MEMORY DEVICE

FEES TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	36 - 20 =	16	x \$18 =	\$288.00
INDEPENDENT CLAIMS	11 - 3 =	8	x \$84 =	\$672.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
<input checked="" type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$130.00
			BASIC FEE	\$750.00
			TOTAL OF ABOVE CALCULATIONS	\$1,840.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
			TOTAL	\$1,840.00

Please charge Deposit Account No. 15-0030 in the amount of A duplicate copy of this sheet is enclosed.
 A check in the amount of **\$1,840.00** to cover the filing fee is enclosed.
 The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030.
A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Date: 7/5/03



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